

Replacement / Repair Cost (Attach supporting estimates, receipts, etc.)		
ITEM	COST	AGE OF ITEM DAMAGED

Do you have insurance coverage applicable to this loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, has the insurance company been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was this loss covered by your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount paid by your insurance	\$	
Amount of your deductible and any non-covered loss expense	\$	
<p>If coverage was denied by your insurance carrier, please explain the reasons below and include a copy of the insurance carrier denial letter, as well as the name, address, and phone number of your carrier or agent:</p>		

(Foster Parent(s) Signature)

(Today's Date)

